

L24000 379200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

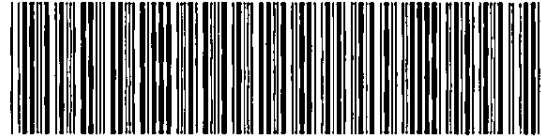
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(850) 656-4724
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Tallahassee, FL 32312

Date: 09/03/2024

Acc#I20160000072

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Name:	1643 Pine Ridge Dr. LLC
Document #:	
Order #:	15848507

Certified Copy of Arts & Amend:	<input type="checkbox"/>		FILED 2024 SEP -3 AM 9:47 CLERK OF STATE TALLAHASSEE, FL
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Ref# _____

Amount: \$ **155.00**

Thank you!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1643 Pine Ridge Dr LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>1643 Pine Ridge Drive</u>	<u>1643 Pine Ridge Drive</u>
<u>Davenport, FL 33896</u>	<u>Davenport, FL 33896</u>

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

<u>C T Corporation System</u>		
Name		
<u>1200 South Pine Island Road</u>		
Florida street address (P.O. Box NOT acceptable)		
<u>Plantation, FL 33324</u>		
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Laura R Broderick Laura Broderick - Asst. Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	<u>Abiramm Sundaramoorthy</u>
	<u>1237 Giesse Drive</u>
	<u>Mayfield Heights, OH 44124</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

DocuSigned by:
Abiramm Sundaramoorthy
C7320DB8EC0C429 ..

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Abiramm Sundaramoorthy

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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